

05/17/01

jc960 U.S. PTO

05-18-01

A/RE

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PTO/SB/50 (08-00)

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1033 U.S. PTO
09/859692
05/17/01

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	10961133-6
	First Named Inventor	Rhoads
	Original Patent Number	5,905,514
	Original Patent Issue Date (Month/Day/Year)	May 18, 1999
	Express Mail Label No.	EL844652563US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

Yes No

(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement Power of Attorney
(PTO/SB/96)

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. Original U.S. Patent for surrender

<input checked="" type="checkbox"/>	Ribboned Original Patent Grant WILL FOLLOW
<input type="checkbox"/>	Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration (if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label
(HP) 22879 or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/Type)	W. NORMAN RETH	Registration No (Attorney/Agent)	26,225
Signature	W. Norman Reth	Date	17 May 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
10961133-6

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 26	Total Claims (37 CFR 1.16(j))	(B) 26	**** 0 = x \$ ____ =	or	x \$ 18 =		
(C) 7	Independent claims (37 CFR 1.16(l))	(D) 7	* 0 = x \$ ____ =		x \$ 80 =		
Basic Fee (37 CFR 1.16(h))				\$		\$ 710	
Total Filing Fee				\$		OR	\$ 710

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 50	MINUS	30 26	* 24	x \$ ____ =		x \$ 18 =	432
Independent Claims (37 CFR 1.16(l))	*** 10	MINUS	***** 7	= 3	x \$ ____ =		x \$ 80 =	240
Total Additional Fee				\$		OR	\$ 672	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. 08-2025 in the amount of 1,382.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-2025.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**5/17/01
Date
Signature of Applicant, Attorney or Agent of RecordW. NORMAN ROTH

Typed or printed name